

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  |      | ID NO. | DATE     |
|---------------------------|------|--------|----------|
| FEE DETERMINATION         | 13   |        | 12-25-01 |
| O.I.P.E. CLASSIFIER       | Dm   | 32     | 8/1      |
| FORMALITY REVIEW          | H-IT | 1117   | 9/6/01   |
| RESPONSE FORMALITY REVIEW | H-L  | 1074   | 10/02/01 |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Date |
|-------|------|
| 1     |      |
| 2     |      |
| 3 ✓   |      |
| 4 ✓   |      |
| 5     |      |
| 6 ✓   |      |
| 7 ✓   |      |
| 8 ✓   |      |
| 9 ✓   |      |
| 10 ✓  |      |
| 11 ✓  |      |
| 12 ✓  |      |
| 13 ✓  |      |
| 14 ✓  |      |
| 15 ✓  |      |
| 16 ✓  |      |
| 17 ✓  |      |
| 18 ✓  |      |
| 19 ✓  |      |
| 20 ✓  |      |
| 21 ✓  |      |
| 22 ✓  |      |
| 23 ✓  |      |
| 24 ✓  |      |
| 25 ✓  |      |
| 26 ✓  |      |
| 27 ✓  |      |
| 28 ✓  |      |
| 29 ✓  |      |
| 30 ✓  |      |
| 31 ✓  |      |
| 32 ✓  |      |
| 33 ✓  |      |
| 34 ✓  |      |
| 35 ✓  |      |
| 36 ✓  |      |
| 37 ✓  |      |
| 38 ✓  |      |
| 39 ✓  |      |
| 40 ✓  |      |
| 41 ✓  |      |
| 42 ✓  |      |
| 43 ✓  |      |
| 44 ✓  |      |
| 45 ✓  |      |
| 46 ✓  |      |
| 47 ✓  |      |
| 48 ✓  |      |
| 49 ✓  |      |
| 50 ✓  |      |

| Claim | Date |
|-------|------|
| 51    |      |
| 52    |      |
| 53    |      |
| 54    |      |
| 55    |      |
| 56    |      |
| 57    |      |
| 58    |      |
| 59    |      |
| 60    |      |
| 61    |      |
| 62    |      |
| 63    |      |
| 64    |      |
| 65    |      |
| 66    |      |
| 67    |      |
| 68    |      |
| 69    |      |
| 70    |      |
| 71    |      |
| 72    |      |
| 73    |      |
| 74    |      |
| 75    |      |
| 76    |      |
| 77    |      |
| 78    |      |
| 79    |      |
| 80    |      |
| 81    |      |
| 82    |      |
| 83    |      |
| 84    |      |
| 85    |      |
| 86    |      |
| 87    |      |
| 88    |      |
| 89    |      |
| 90    |      |
| 91    |      |
| 92    |      |
| 93    |      |
| 94    |      |
| 95    |      |
| 96    |      |
| 97    |      |
| 98    |      |
| 99    |      |
| 100   |      |

| Claim | Date |
|-------|------|
| 101   |      |
| 102   |      |
| 103   |      |
| 104   |      |
| 105   |      |
| 106   |      |
| 107   |      |
| 108   |      |
| 109   |      |
| 110   |      |
| 111   |      |
| 112   |      |
| 113   |      |
| 114   |      |
| 115   |      |
| 116   |      |
| 117   |      |
| 118   |      |
| 119   |      |
| 120   |      |
| 121   |      |
| 122   |      |
| 123   |      |
| 124   |      |
| 125   |      |
| 126   |      |
| 127   |      |
| 128   |      |
| 129   |      |
| 130   |      |
| 131   |      |
| 132   |      |
| 133   |      |
| 134   |      |
| 135   |      |
| 136   |      |
| 137   |      |
| 138   |      |
| 139   |      |
| 140   |      |
| 141   |      |
| 142   |      |
| 143   |      |
| 144   |      |
| 145   |      |
| 146   |      |
| 147   |      |
| 148   |      |
| 149   |      |
| 150   |      |

If more than 150 claims or 10 actions  
staple additional sheet here